

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/031761**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
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30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35	/		/			
36		1		/		
37		2		/		
38		0		/		
39		0		/		
40		0		/		
41		0		/		
42	/		/			
43		1		/		
44		2		/		
45		2		/		
46		0		/		
47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.				5		
TOTAL DER.				41		
TOTAL CLAIMS				52		

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51		0		/		
52		0		/		
53		0		/		
54		0		/		
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99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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